

Team Evaluation Summary Report and Prior Notice of Eligibility Determination: Hearing Impairment/Deafness

Student _____ Date of meeting _____

School _____ Grade _____ DOB _____

Definition: A "hearing impairment: is a generic classification of hearing loss, including the terms "deafness" and "hearing impairment."

DEAFNESS: A hearing impairment so severe that the student is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a student's educational performance. **HEARING IMPAIRMENT:** a hearing impairment, whether permanent or fluctuating, which adversely affects a student's educational performance, but that is not included under the definition of deafness.

Relevant medical problems ☐ Yes ☐ No If yes, specify _____

Assessment Information for Classification:

1. Audiological Evaluation

a. Audiometric Testing _____

b. Auditory Functioning _____

2. Language Growth and Development (signed, spoken, written)

3. Speech and Language Evaluation

4. Academic Achievement Data (test/date/results)

5. Areas of Evaluation to Consider (as appropriate)

a. Intellectual Assessment (test/date/results) _____

b. Adaptive Assessment (test/date/results) _____

6. Information from Parents _____

- Is a lack of instruction in reading or math the primary factor in determining eligibility? ☐ Yes ☐ No
- Is limited English proficiency the primary factor in determining eligibility? ☐ Yes ☐ No

Parent Prior Notice for Eligibility Determination

The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

Based on the evaluation data, the multidisciplinary team proposes the following action:

☐ This student has the educational classification of Hearing Impairment/Deaf, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires specialized instruction.

☐ This student does **not** have the educational classification of Hearing Impairment/Deaf, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require specialized instruction.

Special Education Teacher Signature _____ Date _____

Parent Signature (signature acknowledges receipt of copy) _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

*Note: If parent signature is missing, check below:

☐ Did not attend (document efforts to involve parent)

☐ Participated via telephone, video conference or other means

☐ Copy of this document mailed to parent on (date) _____